

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000063907

**Entity Name:** PONCE ADULT FAMILY CARE, INC

**Current Principal Place of Business:**

7224 JAFFERY CT  
ORLANDO, FL 32835

**Current Mailing Address:**

7224 JAFFERY CT  
ORLANDO, FL 32835

**FEI Number:** 20-2789159

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PONCE, CARMEN E  
7224 JAFFERY CT  
ORLANDO, FL 32835 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	V
Name	PONCE, CARMEN E	Name	BERENATO, MARCELLO
Address	7224 JAFFERY CT	Address	7224 JAFFERY CT
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32835

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARMEN E. PONCE

**PRESIDENT**

**01/20/2016**

Electronic Signature of Signing Officer/Director Detail

Date